

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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**Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003**

**HOUSING AUTHORITY OF THE CITY OF STEPHENS**

**STEPHENS, ARKANSAS**

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## **PHA Plan Agency Identification**

**PHA Name:** Housing Authority of the City of Stephens, AR

**PHA Number:** AR065

**PHA Fiscal Year Beginning:** 01/2003

### **PHA Plan Contact Information:**

Name: Jeanie Riley

Phone: 1-870-786-5263

TDD:

Email (if available): sha@cei.net

### **Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)**

Main administrative office of the PHA  
PHA development management offices

### **Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

Main administrative office of the PHA  
PHA development management offices  
Main administrative office of the local, county or State government  
Public library  
PHA website  
Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

Main business office of the PHA  
PHA development management offices  
Other (list below)

### **PHA Programs Administered:**

Public Housing and Section 8      Section 8 Only      Public Housing Only

## Annual PHA Plan Fiscal Year 2003

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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#### **Annual Plan**

- i. Executive Summary (optional)
- ii. Annual Plan Information
- iii. Table of Contents
  - 1. Description of Policy and Program Changes for the Upcoming Fiscal Year
  - 2. Capital Improvement Needs
  - 3. Demolition and Disposition
  - 4. Homeownership: Voucher Homeownership Program
  - 5. Crime and Safety: PHDEP Plan
  - 6. Other Information:
    - A. Resident Advisory Board Consultation Process
    - B. Statement of Consistency with Consolidated Plan
    - C. Criteria for Substantial Deviations and Significant Amendments

#### **Attachments**

- Attachment A : Supporting Documents Available for Review
- x Attachment B: Capital Fund Program Annual Statement
- x Attachment C: Capital Fund Program 5-Year Action Plan
- Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement
- x Attachment D: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment E: Resident Membership on PHA Board or Governing Body
- x
  - Attachment F: Membership of Resident Advisory Board or Boards
  - Attachment \_\_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
  - Other (List below, providing each attachment name)
  - Attachment G: Initial Voluntary Conversion Assessment

### ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

Reexamine our housing stock with competition in mind, reexamine our

modernization plan, examine our budgets with cut in mind, develop a overall strategy plan for our agency, strengthen our community partnerships and enhance our community image.

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

**NONE**

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 97,174.00

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

## **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition Disposition

3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for      units Public housing for      units Preference for admission to other public housing or section 8 Other housing for      units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

#### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards  
Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

#### **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ 25,000.00

- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes ☒ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
  - ☐ The PHA changed portions of the PHA Plan in response to comments
  - ☐ A list of these changes is included
    - Yes ☐ No: below or
    - Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_\_.
  - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_\_.
  - ☐ Other: (list below)

### **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Arkansas
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency
  - Yes ☐ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

### **C. Criteria for Substantial Deviation and Significant Amendments**

## 2. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

### A. Substantial Deviation from the 5-year Plan:

**B. Significant Amendment or Modification to the Annual Plan:** The Stephens Housing Authority will consider the following to be changes in its Agency Plan necessary and sufficient to require a full review by Resident Advisory Board before a corresponding change in the Agency Plan can be adopted:

1. Any alteration of the PHA's Mission Statement
2. Any change or amendment to a stated Strategic Goal
3. Any change or amendment to a stated Strategic Objective except in case where the change

result's from the objective having been met

4. Any introduction of a new Strategic Goal or a new Strategic Objective
5. Any alteration in the Capital Fund Program that affects an expenditure greater than twenty percent of the CFG Annual Budget for that year

In defining the above the Housing Authority intends by "Strategic Goal" and "Strategic Objective" specifically those items in its Five Year Plan and any change in the above items will be considered a "substantial deviation" from the plan.

Furthermore, the PHA considers the following changes to require a public process before amending said changes and that these items are "significant amendments or modification" to the Agency Plan:

1. Change to rent or admissions policies or organization of the waiting list
2. Additions of non-emergency work-items (items not included in the current Annual Statement or

5- year Action Plan) or change in use of replacement reserve funds under the Capital Fund

3. Additions of new activities not included in any PHDEP Plan
4. Any change with regard to demolition or disposition, designation, homeownership programs or

conversion activities

An exception to this definition will be made for any of the above that are adopted to reflect change in HUD regulatory requirements, such changes will not be considered significant amendments by HUD.

### **Attachment A**

### **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations



X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency

X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Required Attachment B:</b> <b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part 1: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Stephens, AR		<b>Grant Type and Number</b> Capital Fund Program: AR37P06550102 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  2002
<b>Original Annual Statement</b> <b>Performance and Evaluation Report for Period Ending:</b>		<b>Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:    )</b> <b>Final Performance and Evaluation Report</b>			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	9,300.00	9,300.00	9,300.00	3,511.56
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	15,000.00	14,900.00	14,900.00	7,900.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	55,356.00	55,465.00	-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	17,509.00	17,509.00	17,509.00	17,509.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	97,174.00	97,174.00	41,709.00	28,920.56
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Required Attachment B:****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority City of Stephens, AR		Grant Type and Number Capital Fund Program #: AR37PO6550102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:  <b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
				Original	Revised	Funds Obligated	Funds Expended	Work
AR065 WIDE	Administration	1410		9,300.00	9,300.00	9,300.00	3,511.56	
AR065 WIDE	Architect and Inspection Cost	1430		15,000.00	14,900.00	14,900.00	-0-	
AR065-001	Dwelling Structure	1460		55,365.00	55,465.00	-0-	-0-	
	Install new kitchen cabinets (13) One bedroom units							
	Replace kitchen sinks as needed.							
AR065	Maint. Truck	1475		17,509.00	17,509.00	17,509.00	17,509.00	
				97,174.00	97,174.00	41,709.00	21,020.56	

**Required Attachment B:**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Housing Authority City of Stephens, AR		Grant Type and Number Capital Fund Program #: AR37PO6550102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates		
	Original	Revised	Actual	Original	Revised	Actual	
PHA WIDE	6/31/2003			6/31/2005			

**Required Attachment B:**
**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part 1: Summary**

PHA Name: Housing Authority City of Stephens, AR		Grant Type and Number Capital Fund Program: AR37P06550101 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
Original Annual Statement		Reserve for Disasters/ Emergencies		Revised Annual Statement (revision no: )	
Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				

3	1408 Management Improvements				
4	1410 Administration	9,000	9,000.00	9,000.00	9,000.00
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	15,376	15,376.00	15,376.00	15,376.00
8	1440 Site Acquisition				
9	1450 Site Improvement	2,030	10,497.48	10,497.48	3174.28
10	1460 Dwelling Structures	69,383	55,699.00	55,699.00	55,699.00
11	1465.1 Dwelling Equipment—Nonexpendable	6,492	7,933.52	7,933.52	7,933.52
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	-0-	3,,775.00	3,775.00	3,775.00
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	102,281.00	102,281.00	102,281.00	94,957.80
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	33,583			

**Required Attachment B:****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Housing Authority City of Stephens, AR		Grant Type and Number Capital Fund Program #: AR37PO6550101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:  2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
				Original	Revised	Funds Obligated	Funds Expended	Work
AR065-WIDE	Administration Sunday Expenses-Ads for Contractor	1410		9,000.00	9,000.00	9,000.00	9,000.00	
AR065-WIDE								
AR065-WIDE	Architect and inspection cost	1430		15,376.00		15,376.00	15,376.00	
AR065-WIDE	Site Improvement Landscaping and repairing land erosion	1450		2,030.00	10,497.48	10,497.48	3,174.28	
AR065-001	Dwelling Structures	1460		69,383.00	55,699.00	55,699.00	55,699.00	
	Install new flooring in 8 –3 bedroom units							
	Replace all window/storm windows in 20 units							
AR065-002-001	Dwelling Equipment	1465.1		6,492.00	7,933.52	7,933.52	7,933.52	
AR065	Relocation Cost	1495		-0-	3,775.00	3,775.00	3,775.00	
				102,281.00	102,281.00	102,281.00	94,957.80	



<b>Required Attachment B:</b> <b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Housing Authority City of Stephens, AR		<b>Grant Type and Number</b> Capital Fund Program #: AR37PO6550101 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> <b>2001</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-WIDE	12/31/2002			12/31/2004			

<b>Required Attachment B:</b> <b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part 1: Summary</b>					
PHA Name: Housing Authority City of Stephens, AR		<b>Grant Type and Number</b> Capital Fund Program AR37PO6550103 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2003</b>
xOriginal Annual Statement		Reserve for Disasters/ Emergencies		Revised Annual Statement (revision no: )	
Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	5,000.00			
4	1410 Administration	9,300.00			
5	1411 Audit				
6	1415 liquidated Damages				

7	1430 Fees and Costs	15,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000.00			
10	1460 Dwelling Structures	30,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	7,874.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	97,174.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**Required Attachment B:**

PHA Name: Housing Authority City of Stephens, AR		Grant Type and Number Capital Fund Program #:AR37PO6550103 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
AR065-WIDE	Management Improvements	1408		5,000.00				
AR065-WIDE	Administration	1410		9,300.00				
AR065-WIDE	Architect and inspection cost	1430		15,000.00				
AR065-001	Dwelling Structures	1460		30,000.00				
	Replace Carpet in (13) one bedroom units							
AR065-002	Replace front doors on (20) units							
AR065-	Replace ranges, refrigerators, hot water Heaters as needed, safety storage cabinets	1465.1		7,874.00				
AR065-001-002	Replace fencing	1450		30,000.00				
				97,174.00				

**Required Attachment B:**

## Annual Statement/Performance and Evaluation Report

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

### Part III: Implementation Schedule

<b>PHA Name:</b> Housing Authority City of Stephens, AR		<b>Grant Type and Number</b> Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:					<b>Federal FY of Grant:</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		

**Required Attachment C:****Capital Fund Program Five-Year Action Plan****Part I: Summary**

PHA Name Stephens Housing Authority		Original 5-Year Plan Revision No:			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 3 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 5 FFY Grant: 2006 PHA FY: 2006
	Annual Statement				
AR065- WIDE			Administration	Administration	Administration
AR065-WIDE			Fees and Cost	Fees and Cost	Fees and Cost
<b>AR065-001</b>			Install new kitchen cabinets and vanity in bathroom . In (10) two bedroom units.	Install new bifold doors for all closets	Retile tub and showers
AR065-001-002			Replace all clothesline and install concrete pads	Install new play ground equipment	Install new kitchen cabinets In 20 units
AR065-002			Install new back doors	Install 40 medicine cabinets	Install new kitchen sinks
AR065				Range and refrigerators	
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

## Capital Fund Program Five-Year Action Plan

## **Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : 2 FFY Grant: 2003 PHA FY: 2003			Activities for Year: 3 FFY Grant: 2004 PHA FY: 2004		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Ann						
ual						
Statement						
	Total CFP Estimated Cost					

## Capital Fund Program Five-Year Action Plan

## **Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : 4 FFY Grant: 2005 PHA FY: 2005			Activities for Year: 5 FFY Grant: 2006 PHA FY: 2006		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	Estimated  Cost	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>						
<b>Ann</b>						
<b>ual</b>						
<b>Statement</b>						
	Total CFP Estimated Cost					

**Required Attachment D:****PHA Public Housing Drug Elimination Program Plan**

**Note:** THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

**Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** 25,000.00

**B. Eligibility type (Indicate with an “x”)**      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_ **R** \_\_\_\_\_

**C. FFY in which funding is requested** 1999

**D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

**E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

<b>PHDEP Target Areas (Name of development(s) or site)</b>	<b>Total # of Units within the PHDEP Target Area(s)</b>	<b>Total Population to be Served within the PHDEP Target Area(s)</b>
Rhinehart Home	20	30
Rose Terrace	12	20
Pine Terrace	20	63

**F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

**12 Months**   x      **18 Months** \_\_\_\_\_    **24 Months** \_\_\_\_\_



**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extensions or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
FY 1995						
FY 1996						
FY 1997						
FY1998	50,000.00	AR37DEP0650198	0.00	-0-	11-26-98	11-26-00
FY 1999	25,000.00	AR37DEP0650199	22,389.50	-0-	01-01-01	
FY 2000	25,000.00	AR37DEP0650100	10,705.27	-0-	12-01-01	
FY 2001	25,000.00	AR37DEP0650101				

**Section 2: PHDEP Plan Goals and Budget****A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

This 1999 PHDEP reflects the Housing Authority if the City of Stephens approach to addressing the root causes and violence of the drug culture. An aggressive, coordinated program linking the resources of the Housing Authority, residents, law enforcement agencies, state, county and local government, social services agencies . This program will continue to provide increased law enforcement and 9 surveillance cameras. Drug prevention activities, along with educational, recreational, and cultural activities for children and adults are provided through the Resident Community rooms. An advisory Board will be responsible for developing, coordinating, the diverse programs.

**. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

<b>FFY _01/01/02 Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	15,000.00
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	10,000.00
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	<b>25,000.00</b>

**C. PHDEP Plan Goals and Activities**

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

<b>9110 – Reimbursement of Law Enforcement</b>	<b>Total PHDEP Funding: \$</b>
	<b>15,000.00</b>
Goal(s)	

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)		Provide stable, crime free housing to low-income families, so they can work towards self-sufficiency					
Objectives		Reduce the number of Police calls to Auth. Property, Reduce the availability and use of drugs on Auth. Property.					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$ 5,000.00		
Goal(s)	Provide stable, crime free housing to low- income Families						
Objectives	Crime Reduction						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.Undercover Operations			10/99	09/04	5,000.00		
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$10,000.00		
Goal(s)	Provide stable, crime free housing to low-income families.						
Objectives	Crime reduction						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.Voluntary Tenant Patrol			10/99	09/04	10,000.00		
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)	Provide stable, crime free housing to low-income families						
Objectives	Physical security						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.New security windows screens			10/99	09/04	0		
2.New front and back security doors			10/99	09/04	0		
3Motion sensor lights front and back			10/99	09/04	0		
4.New address lights outside of all units.			10/99	09/04	0		

9160 - Drug Prevention					Total PHDEP Funding: \$ 10,000.00		
Goal(s)	Provide stable, crime free housing to low-income families						
Objectives	Have children and teens participating in some type of prevention program activity.						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1. DARE Program			10/99	09/04	3,600.00		
2.After school Program			10/99	09/04	4,100.00		
3.Saving Bond Program			10/99	09/04	0		
4. Education & Training			10/99	09/04	2,400.00		

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

## **Required Attachment E:**

### **Resident Member on the PHA Governing Board**

1. Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
- C. Name of resident member(s) on the governing board:
- D. How was the resident board member selected: (select one)?  
Elected  
Appointed
- C. The term of appointment is (include the date term expires):
2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?  
the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  
the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
Other (explain):
- B. Date of next term expiration of a governing board member:
- E. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**Required Attachment F:**

**Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

1. Corene Glover

3. Brenda Heard



## Required Attachment G:

### Statement on the Initial Voluntary Conversion Assessment

As required by 24CFR Part 972 – Conversion of Public Housing to Tenant-Based Assistance, we have:

- Reviewed each development's operation as public housing;
- Considered the implications of converting the public housing to tenant-based assistance; and
- Concluded that the conversion of the development may be:
  - Appropriate because removal of the development would meet the necessary conditions for voluntary conversion; or
  - Inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion.

#### NECESSARY CONDITIONS FOR VOLUNTARY CONVERSION

- Not be more expensive than continuing to operate the development (or portion of it) as public housing;
- Principally benefit the residents of the public housing development to be converted and the community; and
- Not adversely affect the availability of affordable housing in the community

*Please complete this table for developments of your PHA and attach a short descriptive narrative as documentation of your reasoning with respect to each covered development.*

***The Stephens Housing Authority has reviewed the operation as Public Housing of its covered dwelling units in its AR065-001 and AR065-002 developments, has considered the implications of converting covered public housing units in those developments to tenant based assistance, and has concluded that conversion of the covered units may be inappropriate, because we can now not meet all three HUD mandated necessary conditions for voluntary conversion.***

Development Number	Development Name	Development Exempted	Exemption Reason	Conversion Appropriate
AR065-01	Rose Terrace/ Bellefonte	No	N/A	No
AR065-02	Pine Terrace	No	N/A	No